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	ERRARO, LLP PINES STREET, NE OH 44632	· · (IAN ·	8 July Branch	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.								
•		.0/	Sandra L. Blackmon (Depositor's same)									
		THAR PLANTS	Sanda St Solling (Sie									
			January 28, 2009				(Date)					
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNE	Y DOCKET NO.	CONFIRMATION NO.					
08/480,908	06/07/1995	•	GARY K. MICHELSON	SON 101.0053-00000 9745								
TITLE OF INVENTION: THREADED FRUSTO-CONICAL INTERBODY SPINAL FUSION IMPLANTS												
APPLN. TYPB	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEB DUR	PREV. PAID ISSU	ISSUE FRE TOTAL FEE(S)		DATE	UE				
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BROWN, MICHAEL A 37		3772	606-061000	087E								
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PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI Warsaw Ort	less an assignee is identi thin 37 CFR 3.11. Comp GNEB hopedic, Inc.	ified below, no assignee detion of this form is NO	THE PATENT (print or tyledate will appear on the part a substitute for filing an (B) RESIDENCE: (CITY Warsaw, India inted on the patent):	atent. If an assign assignment. 7 and STATE OR C	OUNTRY)							
4a. The following fee(s) X Issue Fee Publication Fee (f	To small entity discount p	·	b. Payment of Fee(s): (Ples A check is enclosed. Payment by credit car The Director is hereby overpayment, to Depo	d. Porm PTO-2038	is attached.		-	t any is form).				
	dus (from status indicated as SMALL ENTITY statu	-	D b. Applicant is no long	ger claiming SMAI	LENTTY	status, See 37 Cl	PR 1.27(g)(2).					
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if requ records of the United Stat	ired) will not be accepted tes Patent and Trademark	d from anyone other than to Office.	he applicant; a regi	stered attorn	ney or agent; or th	e assignee or oth	er party in				
Authorized Signature	J. homa	Miller	len-	Date	anuary 2	28, 2009		_				
Typed or printed nam	Thomas H. I	Martin		Registration N	lo. <u>34</u>	4,383		_				
this form and/or suggest Box 1450, Alexandria, \ Alexandria, Virginia 223	d application to the ions for reducing this bur /irginia 22313-1450, DO 113-1450.	den, should be sent to the NOT SEND FRES OR (m is required to obtain or r 1.14. This collection is est depending upon the indiv e Chief information Office COMPLETED FORMS TO spond to a collection of inf	THIS ADDRESS	Trademark (SEND TO	Office, U.S. Dept Commissioner	rtment of Comm for Patents, P.O.	process) aring, and complete erce, P.O. Box 1450,				
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OMB 0651-0033

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			;		January 28, 2	009		· (Date)		
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08/480,908				GARY K. MICHELSON	101,0053-00000			9745		
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APPLN. TYPE	SMALL ENTITY	189	EUB PEE DUB	PUBLICATION FEE DUE	PREV. PAID ISSU	BFEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO		\$1510	\$0	\$0		\$1510	02/02/2009		
EXAMINER			ART UNIT	CLASS-SUBCLASS]					
BROWN, MICHAEL A			3772	606-061000						
 Change of correspondence address or indication of "Fee Address" (37: CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 				(1) the names of up to agents OR, alternate (2) the name of a sing registered attorney or 2 registered patent att	2. For printing on the patent front page, list (1) the names of up th 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single lim (baving as a member a registered attorneys or agent) and the names of up to 2 registered attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO B	E PRINTED ON T	THE PATENT (print or ty	rpe)			. 1 1 61-4 6-4		
PLEASE NOTE: Uni	less an assignee is ident thin 37 CFR 3.11. Com	ified be	low, no assignee of this form is NO	data will appear on the p I a substitute for filing at	natent. If an assign assignment.	ee is id	entified below, the doc	amment has been filed for		
(A) NAME OF ASSIGNEE				e data will appear on the patent. If an assignee is identified below, the document has been filed for OT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Warsaw Ort	hopedic, Inc.			Warsaw, India	ma		1.4			
Please check the appropr	riate assignee category or	catego	ries (will not be pr	inted on the patent) :	Individual Dic	orporati	on or other private grou	p entity Government		
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies				4b. Payment of Pec(s): (Please first respply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby anthorized to charge the required fie(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3728 (enclose an extra copy of this form).						
5. Change in Butty Sta						T T TOWN	7777 -total Co. 27 CD	1 27(a)(2)		
a. Applicant claim	as SMALL ENTITY state	us. See 3	37 CFR 1.27.	b. Applicant is no los	the applicant a reg	istered a	attorney or agent; or the	assignee or other party in		
interest as shown by the	records of the United Str	ites Pate	nt and Trademark	Office.				assignee or other party in		
Authorized Signature	Johnson	a la	Mari	len-	Date	lanua	ry 28, 2009			
Typed or printed name	Thomas H.	Marti	<u>n</u>	· .	Registration l	¥o	34,383			
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